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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|                                 |   |                     |              |               |             |
|---------------------------------|---|---------------------|--------------|---------------|-------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY | SHEETS       | TOTAL         | INDEPENDENT |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance | KS                  | DRAWING<br>7 | CLAIMS<br>X 7 | CLAIMS<br>1 |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                     |              |               |             |

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## TITLE

Configuration recovery after gateway failure

|                 |   |   |
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